

**SECOND ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

RECEPTION AND MEDICAL CENTER CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted November 13 -15, 2019

CMA STAFF

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I. Overview

On November 13-15, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Reception Medical Center (RMC). The survey report was distributed on December 7, 2018. In January 2019, RMC submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the RMC survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	7/10/19	9/19/19 – 9/20/19	On-site	31	9	22
2	11/19/19	1/9/20	On-site	9	7	2

Summary of CAP Assessments for Reception and Medical Center Correctional Institution

II. Physical Health Assessment Summary

A. Main Unit

All physical health findings closed on the first CAP assessment.

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 1 of the 8 mental health findings were corrected. Seven mental health findings will remain open.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Psychotropic Medication Practices</u> MH-2: In 4 of 14 applicable records, the inmate did not receive medications as prescribed or documentation of refusal was not present in the medical record.</p>		X				
<p><u>Outpatient Psychotropic Medication Practices</u> MH-3: In 2 of 7 applicable records, there was no evidence of nursing education provided to the inmate after 2 consecutive medication refusals.</p>			X			

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Psychotropic Medication Practices</u> MH-5: In 3 records, follow-up psychiatric session notes did not reflect required information.</p>	X					
<p><u>Outpatient Mental Health Services</u> MH-8: In 5 records, the bio-psycho-social assessment (BPSA) was not completed as required.</p>			X			

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<p><u>Outpatient Mental Health Services</u> MH-9: In 1 of 4 applicable records, the initial Individualized Service Plan (ISP) was not completed as required after assignment of S2/S3 grade.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-10: In 12 records, the ISP was not signed by all relevant parties.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-11: In 7 records, the ISP was not updated per protocol.</p>		X				
<p><u>Outpatient Mental Health Services</u> MH-12: In 3 of 15 applicable records, the inmate did not receive the services listed on the ISP.</p>		X				

IV. Physical Health Assessment Summary

A. West Unit

The CAP closure files revealed sufficient evidence to determine that the remaining physical health finding was corrected. All physical health findings are closed.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Institutional Tour</u> PH-4: First-aid kits were not inspected monthly.	X					

V. Mental Health Assessment Summary

A. West Unit

All mental health findings closed on the first assessment.

IV. Conclusion

Physical Health-Main Unit

All physical health findings are closed.

Mental Health-Main Unit

The following mental health finding will close: MH-5. All other mental health findings will remain open.

Physical Health-West Unit

All physical health findings will close.

Mental Health-West Unit

All mental health findings are closed.

Until appropriate corrective actions are undertaken by RMC staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site evaluation.